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Request for Waiver CC Docket Nos. 96-45 and 97-21 Funding Year 07/01/2001 – 06/30/2002 Form 471 Application Number 224199 Funding Request Number 515976 RECEIVED & INSPECTED

FEB **2 4** 2003

FCC - MAILROOM

New Castle Community School Corporation 322 Elliott Avenue New Castle, IN 47362 765-593-6691 765-593-6693 (Fax) Billed Entity Number 130613

Contact: Larry Koby 522 Elliott Avenue New Castle, IN 47362 larry@nccsc.k12.in.us

Funding Commitment Decision \$6,240.00

Reimbursement Request Decision Explanation: Invoice after last day for Fund Year.

Basis for Request for Waiver

This funding request, 515976, is for long distance services from Broadwing Telecommunications, SPIN number 143004042. Due to the requirement of obtaining a third party signature on the Form 472, the form and supporting documentation was faxed November 27,2002. Attached is exhibit number 1, our fax confirmation. The signed Block 4 Service Provider Acknowledgement was returned January 3,2003 as indicated in exhibit number 2. Despite numerous phone calls to the vendor, the form was dated and returned after the allowable last day of December 6,2002 for funding year, which is the reason given for denial. The requirement of this signature and the lack of promptness of the vendor should not be a basis for denial of an approved funding commitment decision. New Castle Community School Corporation is requesting the Schools and Libraries Division be instructed to release the \$487.38 requested November 27,2002. New Castle Schools is showing good cause. Therefore a waiver is appropriate because of special circumstances warranting a deviation from the general rule and such deviation will serve the public interest.

No. of Copies rec'd_____ List ABCDE

New Castle Schools FRN # 515976 471 App. # 224199 Exhibit 1

MESSAGE CONFIRMATION

11/27/02 09:33

ID=NEW CASTLE SCHOOL TECH OFFICE

DATE TIME S.R-TIME DISTANT STATION ID MODE PAGES RESULT

11/27 09:28 04:23" BROADWING CALLING 10 OK 0000

New Castle Schools FRN # 515976 471 App. # 224199 Exhibit 2

Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows: A. The service provider must remit the discount amount authorized by the fund administrator to the Blied Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below. B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant provider or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form. 22. Stephana of authorized person (required) 23. Date (equired) 24. Initiation name of authorized person (required) 25. Titless obsistion of authorized person (required) 26. Telephone number of authorized person (required)	Reimbursement from Number broadwing2001 Block 4: Service Provider Acknowled certify that I am authorized to submit this Service Provider		nent for this Billed Entity	
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A paper copy of this Form (pages 1-4) should mailed to: SLC-SEAR Form

P. O. Box 7028 Lawrence, K8 55044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be malled to:

SLC-BEAR Form do Ms. Smith 3833 Greenway Drive

Lawrence, KS 66045

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MEM CURLIFE ROHOOF LECH OLLICE + BEOUDMING

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